IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED

Incident Intake: #25609-A
#25491-A

January 27, 2010

Diana Young, Manager
Willow Pointe Residences
17396 Kingbird Avenue
Mason City, IA 50401-9251

RE: I. Final Incident Investigation Report, Willow Pointe Residences, Mason City, IA
II. Appeals/Hearings
III. Civil Penalty
IV. Conclusion

Dear Ms. Young:

I. Final Incident Investigation Report, Willow Pointe Residences, Mason City, IA

Enclosed is the **Final Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C, 321 Iowa Administrative Code chapter 25 (pertaining to assisted living programs), and 321 Iowa Administrative Code chapter 26 (pertaining to monitoring, civil penalties, and complaints). The report notes Regulatory Insufficiencies in the area of: Record Checks and Other. Willow Pointe Residences ("Program") is being assessed a $1,500.00 civil penalty

DIA is accepting the Plan of Correction (POC) following the program's submission of additional information.

II. Appeals/Hearings

The Program may appeal the DIA decision in accordance with 321 Iowa Administrative Code rule 26.4, within 30 days of notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to 481 Iowa Administrative Code Chapter 10. If the Program appeals, the civil penalty will be suspended, pending appeal process.

III. Civil Penalty

If, within thirty (30) days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 231C.14. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send written notice to the Certification Coordinator and remit the penalty assessed by check or money order in the amount of nine hundred seventy five dollars ($975.00) within 30 business days after the receipt of this demand letter.

IV. Conclusion

The Program is being assessed a $1,500.00 civil penalty. DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal or request a hearing on the final findings, the Program may do so within 30 days of this letter.

If you have any questions regarding this letter and report, please contact your Certification Coordinator, Connie Schaffer, at 515-281-5003.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation Report

Assisted Living Program:

Diana Young, Manager
Willow Pointe Residences
17396 Kingbird Avenue
Mason City, IA 50401-9251

Complaint Intake #: 25609-A
25491-A

Date of Investigation:

November 24, 2009

Monitor(s):

Stephanie Cummins, MA
Joyce Kix, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Willow Pointe Residences on November 24, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	23
Current number of tenants with cognitive disorder:	3
Total Population:	26

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Program History – There have not been any substantiated Regulatory Insufficiencies during this recertification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Staff #1 was hired on 4-18-08. A criminal history check was completed on 4-23-09. The check revealed a record was found. A Department of Human Services (DHS) Evaluation was not obtained prior to hire. At the time of the investigation, the program did not complete a DHS evaluation. Pay records indicated Staff #1 received paid wages starting 4-20-08. Staff #1 was terminated 9-21-09.

- Regulatory Insufficiency: The program failed to request that the Department of Public Safety perform a criminal history check and the DHS perform child and dependent adult abuse record checks of the person in this state and the program did not request the DHS perform an evaluation to determine whether the crime warrants prohibition of employment in the program. 135C(5)

B. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Staff #1 was hired on 4-18-08 and did not have any documented mandatory dependent adult abuse training.

- Regulatory Insufficiency: The program did not complete mandatory dependent adult abuse training within six months of hire for all staff. (235B.16(5)b

Dated this 27th day of January, 2010.